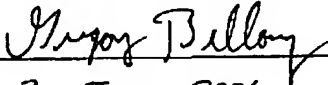



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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	P.M. Mertz
Total Number of Pages in This Submission	6	Attorney Docket Number	DX0904KB1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal, in duplicate (2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement pursuant to 37 CFR 1.97(c) or (d) (2 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Other Enclosures/Remarks: • Form PTO/SB/08 (1 page)		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Gregory R. Bellomy, Reg. No. 48,451 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	2 - June - 2006

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date indicated below:			
Typed or printed	MELANIE LYONS		
Signature		Date	2-June-'06

JUN 02 2006

PTO/SB/17 (Modified)

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Examiner Name	P.M. Mertz
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1646
TOTAL AMOUNT OF PAYMENT	(\$ 180.00)	Attorney Docket No.	DX0904KB1

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Other ☐ None  
☒ Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments ☒ Credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	180	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** - 20 or HP = 0 x 0 = 0  
 HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** - 3 or HP = 0 x 0 = 0  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Other: Information Disclosure Statement under CFR 1.97(d)

Fees Paid (\$): 180

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Gregory R. Bellomy	Registration No.	48,451
Signature	<i>Gregory Bellomy</i>	Telephone	1-650-496-6400
		Date	2-June-2006

Attorney Docket: DX0904KB1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In Re application of:

Examiner: P.M. Mertz

Jacqueline C. TIMANS, et al.

Art Unit: 1646

Application No.: 10/694,978

Conf. No.: 4584

Filed: October 27, 2003

For: IL-1-LIKE CYTOKINE ANTIBODIES  
(as amended)

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P.O. Box 1450  
Alexandria, VA 22313-1450

by:

MELANIE LYONS

**INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. 1.97(c) OR (d)**

Sir:

37 C.F.R. 1.97(c)

- 1.a. ☐ The information disclosure statement transmitted herewith is being filed after three months of the filing date of this national application or the date of entry of the national stage as set forth in § 1.491 in an international application or after the mailing date of the first Office Action on the merits, whichever event occurred last, but before the mailing date of either:
- (1) a final action under § 1.113, or
  - (2) a notice of allowance under § 1.311, whichever occurs first.

- 1.b. ☐ This statement is accompanied by the certification set forth below. OR

- 1.c. ☐ Applicant(s) elect to pay the fee of \$180.00 for the submission of this information disclosure statement.

37 C.F.R. 1.97(d)

- 2.a. ☒ The information disclosure statement transmitted herewith is being filed after a final action under § 1.113, or a notice of allowance under § 1.311, whichever occurs first, but before, or simultaneously with, the payment of the issue fee.
- 2.b. ☒ This statement is accompanied by the certification set forth below. AND

Page 2 of 2

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- 2.c. ☒ Applicant(s) hereby petition for the consideration of the accompanying information disclosure statement. AND
- 2.d. ☒ The fee for this petition is \$180.00.

#### METHOD OF PAYMENT

- 3.a. ☒ Charge \$180.00 to DNAX Deposit Account No. 04-1239.
- 3.b. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to DNAX Deposit Account No. 04-1239.

#### CERTIFICATION

4. ☒ I, the person signing below, hereby certify
- ☐ that each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the statement, or
- ☒ that no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or to the knowledge of the person signing the certification after making reasonable inquiry, was known to any individual designated in § 1.56(c) more than three months prior to the filing of the statement.

Respectfully submitted,

Date: June 2, 2006

By: Gregory R. Bellomy  
Gregory R. Bellomy, Reg. No. 48,451  
Attorney for Applicants

DNAX Research, Inc.  
901 California Avenue  
Palo Alto, CA 94304-1104  
Telephone (Switchboard): (650) 496-6400  
Telephone No. (Direct): (650) 496-1244  
Facsimile No.: (650) 496-1200

JUN 02 2006

PTO/SB/08 (MODIFIED)

Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete If Known</b>	
				Application Number	10/694,978
				Filing Date	10/27/2003
				First Named Inventor	Jacqueline C. TIMANS
				Art Unit	1646
				Examiner Name	P.M. Mertz
Sheet	1	of	1	Attorney Docket Number	DX0904KB1

## U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	DOCUMENT NUMBER	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant, Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
	CE	US- 7,033,783 B2	04-25-2006	Sims et al.	

## FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant, Passages or Relevant Figures Appear	T <sup>2</sup>
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)				

## NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.